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APPLICANTS

Daniel Klein, Los Angeles, CA;

** CONTINUING DATA *****

NAG

** FOREIGN APPLICATIONS *****

NAG

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>NAG</i> Initials			

ADDRESS

Joel D. Voelzke, Esq.
 Fulwider Patton Lee & Utecht, LLC
 Howard Hughes Center
 6060 Center Drive, 10th Floor
 Los Angeles, CA90045

TITLE

Educational talking calendar

FILING FEE RECEIVED 466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit